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CONFIRMATION NO. 2734

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|--|---|--|---|---|---------------------------|--------------------------------|
| SERIAL NUMBER 10/603,838 | FILING or 371(c) DATE 06/25/2003 RULE | CLASS 705 | GROUP ART UNIT 4194 | ATTORNEY DOCKET NO. 3025.2.1 NP | | |
| APPLICANTS Victoria K. Dacosta, Santa Barbara, CA; ** CONTINUING DATA ***** This appln claims benefit of 60/391,468 06/25/2002 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 09/11/2003 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROBERT A SOREY/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY CA | SHEETS DRAWINGS 5 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS ADVANTIA LAW GROUP 9035 SOUTH 1300 EAST SUITE 200 SANDY, UT 84094 UNITED STATES | | | | | | |
| TITLE Integrated patient care method, apparatus, and system | | | | | | |
| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |